

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

08/995108

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2		1					52						
3		1					53						
4		1					54						
5		3					55						
6		1					56						
7		1					57						
8	1		1				58						
9		1			1		59						
10		1			1		60						
11		1			1		61						
12		1			1		62						
13		1			1		63						
14		3			3		64						
15		1			1		65						
16		1			1		66						
17		1			1		67						
18		1			1		68						
19		1			1		69						
20		1			1		70						
21	1		1				71						
22		1			1		72						
23		1	1				73						
24		1			1		74						
25		1			1		75						
26		1			1		76						
27		1	1				77						
28							78						
29							79						
30							80						
31							81						
32							82						
33							83						
34							84						
35							85						
36							86						
37							87						
38							88						
39							89						
40							90						
41							91						
42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	3		4				TOTAL IND.						
TOTAL DEP.	28		18				TOTAL DEP.						
TOTAL CLAIMS	31		22				TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS